

DO/EO BIBLIOGRAPHIC DATA ENTRY

SERIAL NUMBER:	09 / 529050	RECEIPT DATE:	04 / 05 / 00
IA NUMBER:	PCT/ EP98 / 06278	IA FILING DATE:	10 / 05 / 98
FAMILY NAME:	MANGEL	DELAY WAIVED (Y/N):	Y
GIVEN NAME:	ALLEN WAYNE	DEMAND RECEIVED (Y/N):	Y
PRIORITY CLAIMED (Y/N):	Y	PRIORITY DATE:	10 / 07 / 97
NO BASIC FEE (Y/N):	N	US DESIGNATED ONLY (Y/N):	N
ATTORNEY DOCKET NUMBER:	PU3375USW	COUNTRY:	
CORRESPONDENCE NAME/ADDRESS:	CUSTOMER NUMBER:	000000	TELEPHONE 0000000000
			FAX

NAME: DAVID J LEVY  
GLAXO WELLCOME INC  
STREET: GLOBAL INTELLECRTUAL PROPERTY  
FIVE MORE DRIVE PO BOX 13398  
CITY: RESEARCH TRIANGLE PARK  
STATE/COUNTRY: NC ZIP: 27709  
EMAIL:  
APPLICATION TITLES:  
MEDICAMENTS

TAB TO LAST POSITION,PUSH SEND



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Bib Data Sheet

<b>SERIAL NUMBER</b> 09/529,050	<b>FILING DATE</b> 04/05/2000 <b>RULE</b> -	<b>CLASS</b> 514	<b>GROUP ART UNIT</b> 1614	<b>ATTORNEY DOCKET NO.</b> PU3375USW
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**APPLICANTS**

ALLEN WAYNE MANGEL, CHAPEL, NC ;  
ALLISON RUTH NORTHCUTT, RALEIGH, NC ;

**\*\* CONTINUING DATA \*\*\*\*\***

THIS APPLICATION IS A 371 OF PCT/EP98/06278 10/05/1998

**\*\* FOREIGN APPLICATIONS \*\*\*\*\***

UNITED KINGDOM 9721139.5 10/07/1997

**IF REQUIRED, FOREIGN FILING LICENSE**

GRANTED \*\* 05/26/2000

Foreign Priority claimed <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	<b>STATE OR COUNTRY</b> NC	<b>SHEETS DRAWING</b> -	<b>TOTAL CLAIMS</b> 129	<b>INDEPENDENT CLAIMS</b> 3
35 USC 119 (a-d) conditions met <input checked="" type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance				
Verified and Acknowledged	Examiner's Signature	Initials		

**ADDRESS**

DAVID J LEVY  
GLOBAL INTELLECTUAL PROPERTY DEPARTMENT  
GLAXO WELLCOME INC  
FIVE MOORE DRIVE PO BOX 13398  
RESEARCH TRIANGLE PARK, NC 27709

**TITLE**

MEDICAMENTS *for the treatment of Non-Constipated Female Irritable Bowel Syndrome*

<b>FILING FEE RECEIVED</b> 840	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees
		<input type="checkbox"/> 1.16 Fees ( Filing )
		<input type="checkbox"/> 1.17 Fees ( Processing Ext. of time )
		<input type="checkbox"/> 1.18 Fees ( Issue )
		<input type="checkbox"/> Other _____
		<input type="checkbox"/> Credit